


EXHIBIT 15

		COMPLAINT - FOLLOW UP INFORMATIONAL PD 313-081A (Rev. 4-89)-31		PAGE _____ OF _____ PAGE	
Crime		Pct.	OCCB No	Complaint No	Date of This Report
HOMICIDE# 2/01		43		2412	02/13/01
Date of Orig. Report	Date Assigned	Case No.	Unit Reporting		Follow-Up No.
02/12/01	02/12/01	624	43 PDS		
Complainant's Name - Last, First, M.I.			Victim's Name - If Different		
P.S.N.Y.			ALBERT ACOSTA		
Last Name, First, M.I.			Address, Include City, State, Zip		Apt. No
Home Telephone			Business Telephone	Position / Relationship	Sex Race Date of Birth Age
Total No. of Perpetrators		Wanted	Arrested	Weapon	Describe Weapon (if firearm, give color, make, calibre, type, model, etc.)
				<input type="checkbox"/> Used <input type="checkbox"/> Possessed	
Wanted		Arrested	Last Name, First, M.I.		Address, Include City, State, Zip Apt. No Res. Pct.
<input type="checkbox"/>		<input type="checkbox"/>			
Sex	Race	Date of Birth	Age	Height	Weight Eye Color Hair Color Hair Length Facial Hair NYSID No.
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details")			
Nickname, First Name, Alias					
Wanted		Arrested	Last Name, First, M.I.		Address, Include City, State, Zip Apt. No Res. Pct.
<input type="checkbox"/>		<input type="checkbox"/>			
Sex	Race	Date of Birth	Age	Height	Weight Eye Color Hair Color Hair Length Facial Hair NYSID No.
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details")			
Nickname, First Name, Alias					
WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."					
Comp. Interviewed		In Person	By Phone	Date	Time Results: Same as Comp. Report - Different (Explain in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>		
Witness Interviewed		In Person	By Phone	Date	Time Results: Same as Comp. Report - Different (Explain in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>		
Canvass Conducted		If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results		Crime Scene Visited	If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Complainant Viewed Photos		Results:			
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future					
Witness Viewed Photos		Results:			
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future					
Crime Scene Dusted		By (Enter Results in Details)		Crime Scene Photos	By (Enter Results in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Closing Case "No Results," Check Appropriate Box and State Justification in Details:					
<input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted					

DETAILS:

INVESTIGATION: HOMICIDE# 2/01
SUBJECT; NOTIFICATION TO GANG INTELL

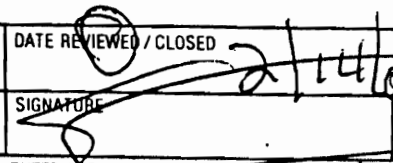
1. On 02/12/01 the U/S contacted Det. Shaw from Gang Intell and requested a S.A.R.R.S inquiry on the following:

ANTHONY MANGANIELLO.....NEGATIVE RESULTS

ALBERT ACOSTA.....NEGATIVE RESULTS

2. CASE ACTIVE.

PLAINTIFF'S EXHIBIT 17
for ID
12-20-07

DATE REVIEWED / CLOSED	IF ACTIVE, DATE OF NEXT REVIEW
2/14/01	
SIGNATURE	NAME PRINTED
	S. ABATE
TAX REG. NO.	COMMAND
887084	43 PDS
OFFICER: DET	ENTER DESIGNATION